Department of Labor and Industries WISHA Services PO Box 44638 Olympia WA 98504-4638



APPLICATION FOR COPIES OF CITATION AND NOTICES

Any employee of an employer who has been selected by the employees of that employer to act may apply for copies of CITATION AND NOTICES issued to said employer.

CITATION AND NOTICES issued to said employer.				
<u>DEFI</u>	INITION:			
"Emp	oloyee representative"	'means:		
a)	Any officer of the recognized bargaining unit of employees, acting on behalf of the employees of the employer			
b) Any employee representative of an employer-employee safety committee within an establishment of the firm of the employer.				
Any employee of an employer who has been selected by the employees of that employer to act as their representative Such selection shall be evidenced by a letter or other written communication to the Division of WISHA Services stating the name of the employee so selected and signed by not less than one-half of the employees of the employer.				
Applicant certifies he/she is an employee representative.				
CERTIFICATION: I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE.				
Date		Position	Signature	
Nam	ie and address of app	plicant to which copies of CITATION AND NOTICE	S should be sent:	
Name, address, Labor & Industries account I.D., and Unified Business Identifier of EMPLOYER HAVING EMPLOYEES WHO ARE REPRESENTED by the applicant (please give full information for each employer you represent - use extra paper if required):				
		er authorized representative may deny this ap oplied or if the applicant does not qualify as a		
Fo	or Department Use Only			
	pplication Rev'd			
	pplicant Notified Comment:	Expiration Date	Granted	